



# Department of Public Health and Human Services

Public Health & Safety Division ♦ Family & Community Health Bureau ♦ 1400 East Broadway Rm A116 ♦

Helena, MT 59602-2953 ♦ Voice: 406-444-4572 ♦ Fax: 406-444-2750

Steve Bullock, Governor

Richard H. Opper, Director

**TO:** WIC Authorized Retailers  
**FROM:** Kevin Moore, Vendor Coordinator  
**DATE:** February 1, 2015  
**SUBJECT:** Price Survey

This shelf price survey helps to determine average shelf prices for WIC food items and helps to verify peer group placement. Prices allowed for WIC benefits are based on peer group average prices. Thank you for ensuring this survey is filled out accurately, completely, and is **returned to the State Office by March 2, 2015.**

**Here are some things to consider when completing the survey:**

- Provide your store's *most expensive*, regular prices (not sale or temporary price reductions).
- Use the two-sided handout titled "Approved Food List" (October 1, 2014) as a guide to approved brands and sizes.
- Provide a price for all of the products on the survey that are available in your store. If a product is not available, write "n/a".
- If no brand is specified, write the price of your *most expensive* WIC approved name brand item. For example, list the price of name brand pink salmon as the cost is higher than the store brand options.
- Listing prices for 8oz cheese and ½ gallons of milk will ensure the cost of substitutions are covered as these prices are doubled and listed as the 16 oz cheese and 1 gallon milk price.
- The WIC contract requires you to carry *Similac Advance*, *Similac Sensitive*, and *Enfamil Prosobee* in powdered format. Please list prices for these items (in bold on the survey) and complete the survey for all formulas you carry or special order. This ensures that the most updated price is available, should you be asked to order formula for a WIC participant.

Shelf price surveys are reviewed to identify stores that do not meet competitive pricing criteria. Submitting a store shelf price survey does not guarantee compliance with the Montana WIC Contract. If you see large price increases between surveys, call the State Office to update your survey. Please complete and return all four sheets of the survey and **remember to sign page four.**

**Mail or fax completed shelf price surveys to:**

Attn: Retail Services  
Montana WIC Program  
PO Box 202951  
Helena MT 59602-2951  
FAX: (406) 444-0239

Please call (406) 444-4746 if you have any questions